





Only for medical help 16/12/2022

 **बैंक ऑफ बड़ोदा**  
**Bank of Baroda**

नाम  
Name **ALOK PARASHARI**

कर्मचारी कूट नं.  
E.C.No. **102277**

  
जारीकर्ता प्राधिकारी (अ.क्षे.प्र.)  
Issuing Authority (D.R.M.)

**A. Parashari**  
आपक के हस्ताक्षर  
Signature of Holder

*A. Parashari*

# Dr. Nitin Agarwal

MD., DM (Cardiology)

Consultant Interventional Cardiologist

Cell : +91-94578 33777

Formerly at :

Escorts Heart Institute & Research Centre, Delhi

Dr. Ram Manohar Lohia Hospital, Delhi



**APPLE  
CARDIAC CARE**

DR. NITIN AGARWAL'S HEART CLINIC

16/12/22

120/80

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A-3, EKTA NAGAR, (OPP. CARE HOSPITAL) STADIUM ROAD, NEAR DELAPEER CHAURAHA, BAREILLY - 243 122 (U.P)

**OPD Timings : 12.00 Noon to 04.00 pm, Sunday : 12.00 Noon to 3.00 pm**

**नम्बर लगाने के लिए फोन करें : 09458888448, 07599031977**

**VALID FOR 5 DAYS.**

**पर्चा पाँच दिन के लिये मान्य**

<b>Visit ID</b> : MBAR31144	Registration : 16/Dec/2022 11:45AM
UHID/MR No : ABAR.0000031132	Collected : 16/Dec/2022 11:54AM
<b>Patient Name</b> : Mr.ALOK PARASHARI	Received : 16/Dec/2022 11:55AM
Age/Gender : 52 Y 0 M 0 D /M	Reported : 16/Dec/2022 12:56PM
Ref Doctor : Dr.NITIN AGARWAL	Status : Final Report
Client Name : MODERN PATH SERVICES, BAREILLY	Client Code : 2423
Client Add : 240, Sanjay Nagar Bareilly (UP)	Barcode No : A3321723

## DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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**THYROID PROFILE (T3,T4,ULTRASENSITIVE TSH)**

Sample Type : SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
T3	1.09	ng/ml	0.61-1.81	CLIA
T4	6.5	ug/dl	5.01-12.45	CLIA
Ultrasensitive TSH	1.789	uIU/mL	0.55-4.78	CLIA

**INTERPRETATION:**

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

**9. REFERENCE RANGE:**

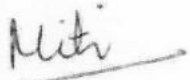
PREGNANCY	Ultrasensitive TSH in uIU/mL
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

( Reference range recommended by the American Thyroid Association )

**Comments :**

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

\*\*\* End Of Report \*\*\*


**Dr. Miti Gupta**  
 DNB ; MD [Pathology]




**A Venture of Apple Cardiac Care**

A-3, Ekta Nagar, Stadium Road,  
 (Opp. Care Hospital),  
 Bareilly - 243 122 (U.P.) India  
 Tel. : 07599031977, 09458888448



**APPLE**  
**PATHOLOGY**  
 TRUSTED RESULT

Reg.NO. : 163  
 NAME : **Mr. ALOK PARASHARI**  
 REFERRED BY : Dr.Nitin Agarwal (D M)  
 SAMPLE : BLOOD

DATE : **16/12/2022**  
 AGE : 52 Yrs.  
 SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>HAEMATOLOGY</b>			
COMPLETE BLOOD COUNT (CBC)			
HAEMOGLOBIN	14.6	gm/dl	12.0-18.0
TOTAL LEUCOCYTE COUNT	8,400	/cumm	4,000-11,000
DIFFERENTIAL LEUCOCYTE COUNT(DLC)			
Neutrophils	67	%	40-75
Lymphocytes	30	%	20-45
Eosinophils	03	%	01-08
TOTAL R.B.C. COUNT	4.71	million/cumm	3.5-6.5
P.C.V./ Haematocrit value	41.4	%	35-54
M C V	87.9	fL	76-96
M C H	31.0	pg	27.00-32.00
M C H C	<b>35.3</b>	g/dl	30.50-34.50
PLATELET COUNT	1.84	lacs/mm <sup>3</sup>	1.50 - 4.50
E.S.R. (Westergren Method)	17	mm/1st hr.	0 - 20
<b>BIOCHEMISTRY</b>			
Gamma Glutamyl Transferase (GGT)	23	U/L	7-32
<b>HAEMATOLOGY</b>			

**Report is not valid for medicolegal purpose**

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GLYCOSYLATED HAEMOGLOBIN	5.7		

### EXPECTED RESULTS :

-----  
Non diabetic patients : 4.0% to 6.0%  
Good Control : 6.0% to 7.0%  
Fair Control : 7.0% to -8%  
Poor Control : Above 8%

### \*ADA: American Diabetes Association

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination. ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

METHOD : ADVANCED IMMUNO ASSAY.

### BIOCHEMICAL

Prostatic Specific Antigen	1.9	ng/ml	0-4
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### Prostatic Specific Antigen (P.S.A)

Comment : The fact of PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy. Measurement of serum PSA levels is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels also are observed in patients with benign prostatic hypertrophy.

\* Quality controlled report with external quality assurance

### BIOCHEMISTRY

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
BLOOD UREA	24	mg/dL.	10-40
<p>* Low serum urea is usually associated with status of overhydration severe hepatic failure. * A urea level of 10-45 mg/dl indicates normal glomerular function and a level of 100-250 mg/dl indicates a serious impairment of renal function. In chronic renal failure , urea correlates better with the symptoms of uremia than does serum creatinine. * Urine/Serum urea is more than 9 in prerenal and less than 3 in renal uremia.</p>			
SERUM CREATININE	0.8	mg/dL.	0.5-1.4
URIC ACID	<b>8.6</b>	mg/dl	3.5-8.0
<p>CLINICAL SIGNIFICANCE:</p> <p>Analysis of synovial fluid plays a major role in the diagnosis of joint disease.</p>			
SERUM SODIUM (Na)	136	m Eq/litre.	135 - 155
SERUM POTASSIUM (K)	4.3	m Eq/litre.	3.5 - 5.5
SERUM CALCIUM	9.4	mg/dl	8.5 - 10.5
BLOOD SUGAR F.	90	mg/dl	60-100

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIVER PROFILE</b>			
<b>SERUM BILIRUBIN</b>			
TOTAL	0.8	mg/dL	0.3-1.2
DIRECT	0.5	mg/dL	0.2-0.6
INDIRECT	0.3	mg/dL	0.1-0.4
<b>SERUM PROTEINS</b>			
Total Proteins	7.1	Gm/dL	6.4 - 8.3
Albumin	4.1	Gm/dL	3.5 - 5.5
Globulin	3	Gm/dL	2.3 - 3.5
A : G Ratio	1.37		0.0-2.0
SGOT	<b>48</b>	IU/L	0-40
SGPT	<b>54</b>	IU/L	0-40
SERUM ALK.PHOSPHATASE	83	IU/L	00-115

### **NORMAL RANGE : BILIRUBIN TOTAL**

Premature infants. 0 to 1 day: <8 mg/dL      Premature infants. 1 to 2 days: <12 mg/dL      Adults: 0.3-1 mg/dL.

Premature infants. 3 to 5 days: <16 mg/dL      Neonates, 0 to 1 day: 1.4-8.7 mg/dL

Neonates, 1 to 2 days: 3.4-11.5 mg/dL      Neonates, 3 to 5 days: 1.5-12 mg/dL      Children 6 days to 18 years: 0.3-1.2 mg/dL.

### **COMMENTS-**

Total and direct bilirubin determination in serum is used for the diagnosis, differentiation and follow-up of jaundice. Elevation of SGPT is found in liver and kidney diseases such as infectious or toxic hepatitis, IM and cirrhosis. Organs rich in SGOT are heart, liver and skeletal muscles. When any of these organs are damaged, the serum SGOT level rises in proportion to the severity of damage. Elevation of Alkaline Phosphatase in serum or plasma is found in hepatitis, biliary obstructions, hyperparathyroidism, steatorrhea and bone diseases.

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>LIPID PROFILE</b>			
SERUM CHOLESTEROL	<b>208</b>	mg/dL.	130 - 200
SERUM TRIGLYCERIDE	<b>178</b>	mg/dl.	30 - 160
HDL CHOLESTEROL	47	mg/dL.	30-70
VLDL CHOLESTEROL	35.6	mg/dL.	15 - 40
LDL CHOLESTEROL	125.40	mg/dL.	00-130
CHOL/HDL CHOLESTEROL RATIO	4.43	mg/dl	
LDL/HDL CHOLESTEROL RATIO	2.67	mg/dl	

### INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

### HAEMATOLOGY

#### BLOOD GROUP

Blood Group

B

Rh

POSITIVE

### URINE EXAMINATION

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SEX : MALE

<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
<b>URINE EXAMINATION REPORT</b>			
<b>PHYSICAL EXAMINATION</b>			
<b>TRANSPARENCY</b>			
Volume	25	ml.	
Colour	Light Yellow		
Appearance	NIL		Nil
Odour	NIL		
Sediments	Nil		
Specific Gravity	1.015		1.015-1.025
Reaction	NIL		
<b>BIOCHEMICAL EXAMINATION</b>			
UROBILINOGEN	Nil		NIL
BILIRUBIN	Nil		NEGATIVE
URINE KETONE	Nil		NEGATIVE
Sugar	Nil		Nil
Albumin	Nil		Nil
Phosphates	NIL		Nil
<b>MICROSCOPIC EXAMINATION</b>			
Red Blood Cells	Nil	/H.P.F.	
Pus Cells	1-2	/H.P.F.	
Epithelial Cells	0-1	/H.P.F.	
Crystals	NIL		NIL
Casts	Nil	/H.P.F.	
DEPOSITS	NIL		

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SAMPLE : BLOOD

DATE : **16/12/2022**  
AGE : 52 Yrs.  
SEX : MALE

### TEST NAME

### RESULTS

### UNITS

### BIOLOGICAL REF. RANGE

*Shweta*

--{End of Report}--

**Dr. Shweta Agarwal, M.D.**  
(Pathologist)

**Report is not valid for medicolegal purpose**

**A Venture of Apple Cardiac Care**

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<u>TEST NAME</u>	<u>RESULTS</u>	<u>UNITS</u>	<u>BIOLOGICAL REF. RANGE</u>
	<b>BIOCHEMISTRY</b>		
BLOOD SUGAR P.P.	120	mg/dl	80-140

--{End of Report}--

*Shweta*

**Dr. Shweta Agarwal, M.D.**  
(Pathologist)

**Report is not valid for medicolegal purpose**



PatientID 0002

ExamID 3699

NAME *Alok Parvati*  
*50/m*

Date 12/16/2022

Time 11:18

ExamTime 5:40

( VD = 13.75 mm )

----- MANIFEST -----

	SPH	CYL	AXS
<R>	+1.25	+0.50	136
<L>	+1.25	0.00	180
<FAR VA>			
	R	R+L	L

<ADD>

	R	L	
	+2.00	+2.00	
<NEAR VA>			
	R	R+L	L

----- RM DATA -----

	SPH	CYL	AXS
<R>	+1.25	+0.50	136
<L>	+1.00	+0.25	6
<FAR VA>			
	R	R+L	L

FAR PD = 62.0 mm

NEAR PD = 62.0 mm

TOPCON CV-5000

Adols Paraseni

50/m

$$DV_n \begin{cases} 6118 \\ 6118 \end{cases} \text{ eglam } \begin{cases} 6112 \\ 616 \end{cases}$$

$$AV_n \begin{cases} 36 \\ 36 \end{cases} \text{ eglam } \begin{cases} 9 \\ 6 \end{cases}$$

$$\text{Ref } \begin{cases} +1.25m + 0.50m = 136 - 616 \\ +1.25m \text{ — } 616 \end{cases}$$

Add +1.75m BEN 16

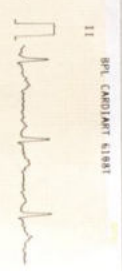


PAT. NO. Alok Parashari

14/12/22



I 10mm/mV 25mm/sec 25 25Hz



II BPL CARDIAC 61981



III 10mm/mV 25mm/sec 25 25Hz



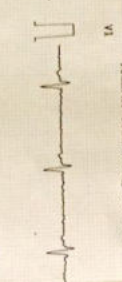
aVR BPL CARDIAC 61981



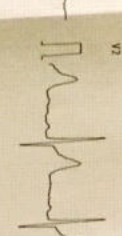
aVL 10mm/mV 25mm/sec 25 25Hz



aVF BPL CARDIAC 61981

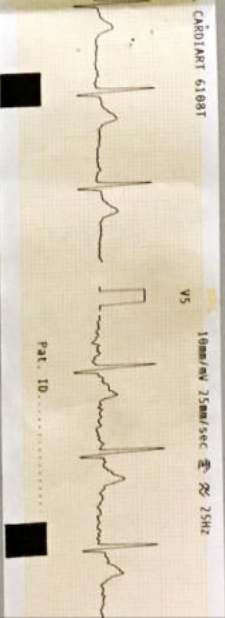
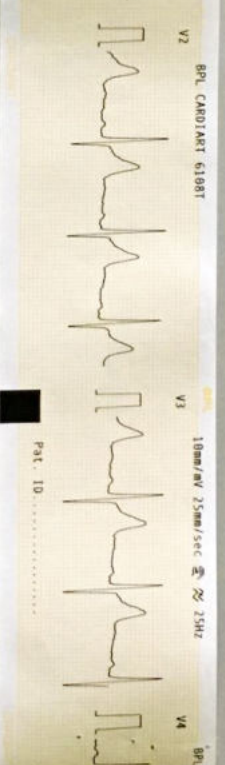
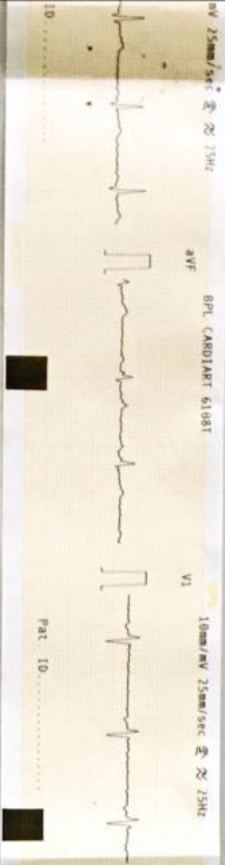


V1 10mm/mV 25mm/sec 25 25Hz



V2 BPL CARDIAC 61981

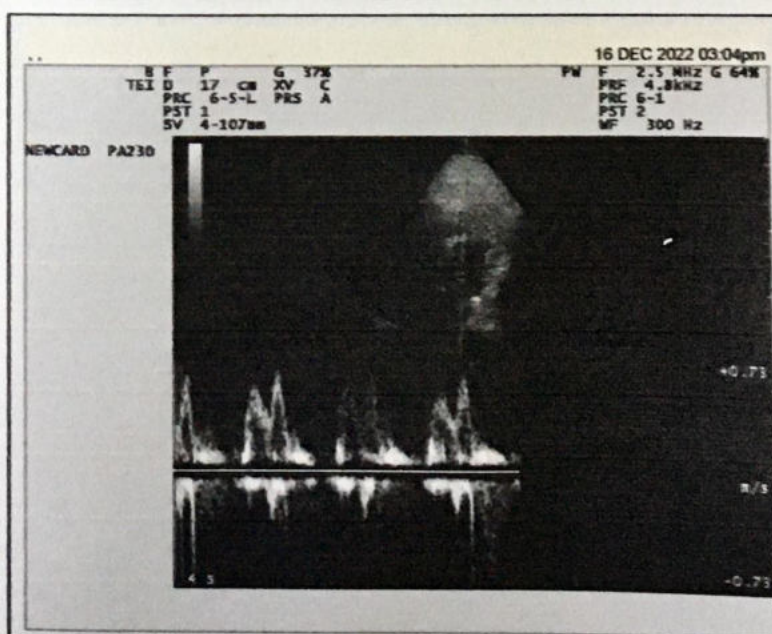
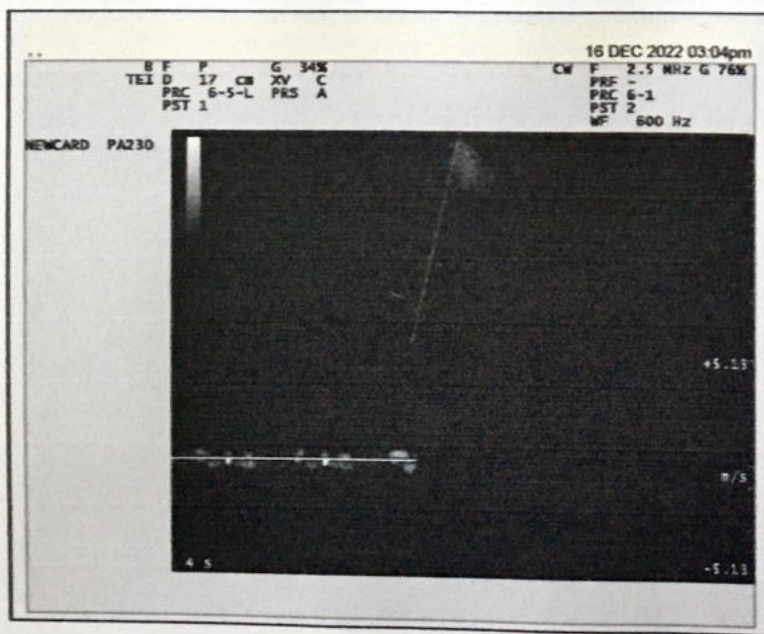
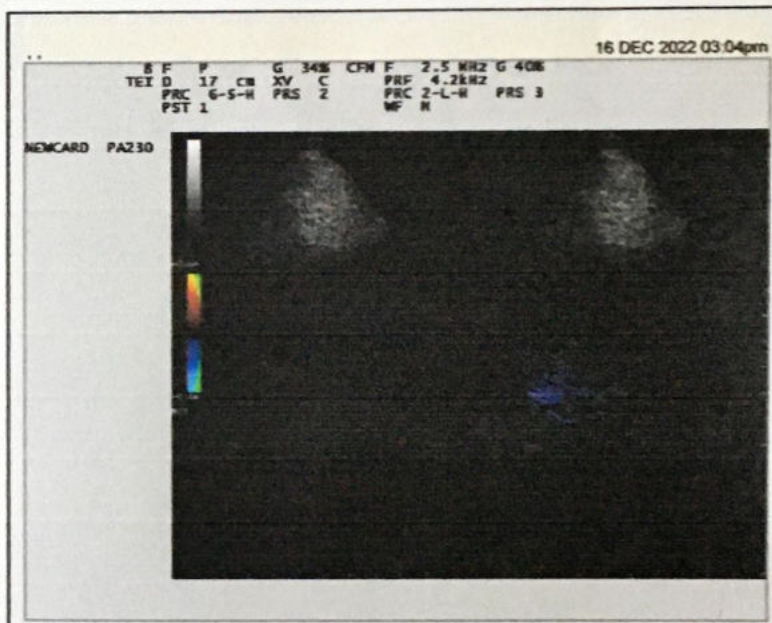
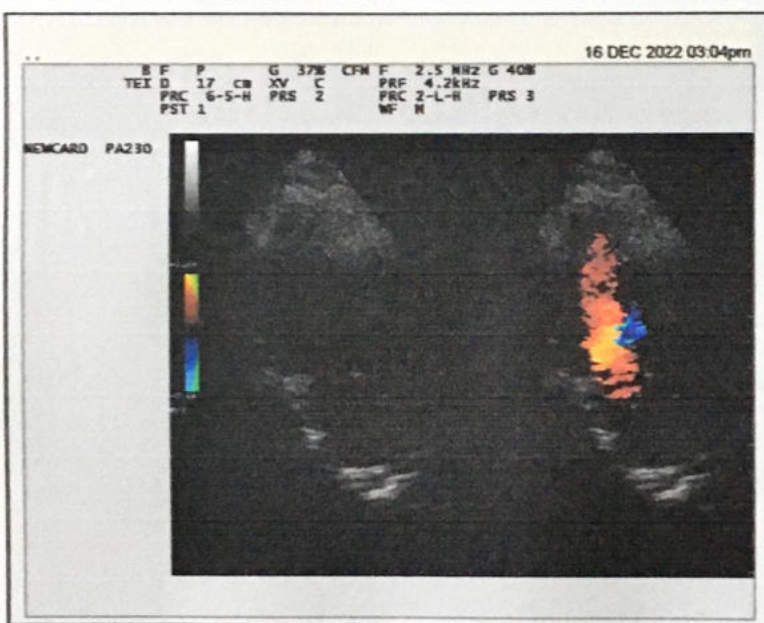
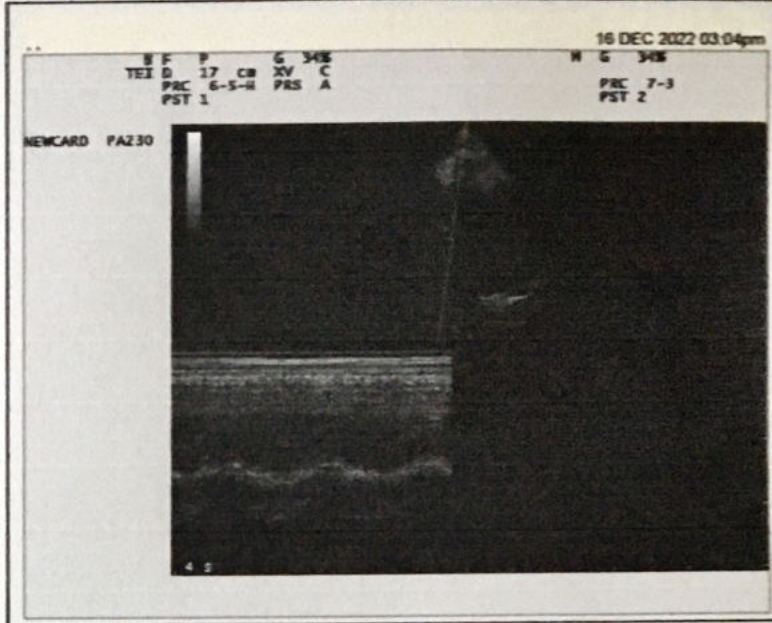
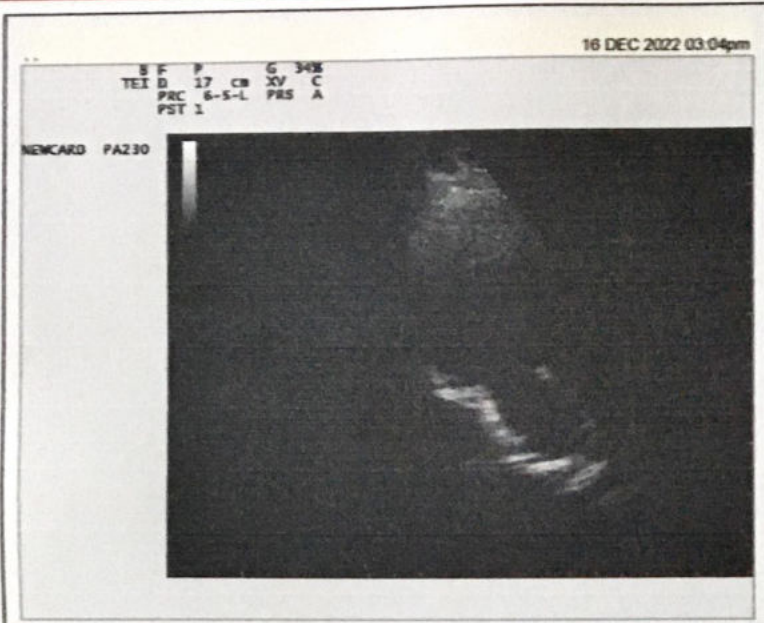






# APPLE CARDIAC CARE, BAREILLY

saote MyLab







<b>NAME</b>	Mr. ALOK PARASARI	<b>AGE/SEX</b>	52 Y/M
<b>Reff. By</b>	Dr. NITIN AGARWAL (DM)	<b>DATE</b>	16/12/2022

## ECHOCARDIOGRAPHY AND COLOUR DOPPLER STUDY

<u>MEASUREMENTS</u>	<u>VALUE</u>	<u>NORMAL DIMENSIONS</u>
LVID (d)	4.6 cm	( 3.7 –5.6 cm)
LVID (s)	2.6 cm	( 2.2 –3.9 cm)
RVID (d)	2.4 cm	( 0.7 –2.5 cm)
IVS (ed)	1.0 cm	( 0.6 –1.1 cm)
LVPW (ed)	1.0 cm	( 0.6 –1.1 cm)
AO	2.5 cm	( 2.2 –3.7 cm)
LA	3.0 cm	( 1.9 –4.0 cm)
<b><u>LV FUNCTION</u></b>		
EF	60 %	( 54 –76 % )
FS	30 %	( 25 –44 % )

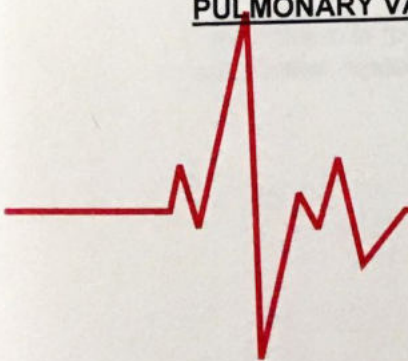
**LEFT VENTRICLE** : No regional wall motion abnormality  
 No concentric left Ventricle Hypertrophy

**MITRAL VALVE** : Thin, PML moves posteriorly during Diastole  
 No SAM, No Subvalvular pathology seen.  
 No mitral valve prolapse calcification .

**TRICUSPID VALVE** : Thin, opening wells. No calcification, No doming .  
 No Prolapse.  
 Tricuspid inflow velocity= 0.7 m/sec

**AORTIC VALVE** : Thin, tricuspid, opening well, central closer,  
 no flutter.  
 No calcification  
 Aortic velocity = 1.3 m/sec

**PULMONARY VALVE** : Thin, opening well, Pulmonary artery is normal  
 EF slope is normal.  
 Pulmonary Velocity = 0.9 m/sec





**ON DOPPLER INTERROGATION THERE WAS :**

- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

MITRAL FLOW

E= 0.6 m/sec

A= 0.8 m/sec

**ON COLOUR FLOW:**

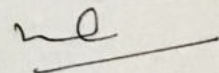
- No mitral regurgitation
- No tricuspid regurgitation
- No aortic regurgitation
- No pulmonary regurgitation

**COMMENTS:**

- No LA /LV clot
- No pericardial effusion
- No intracardiac mass
- IAS/IVS Intact
- Inferior vena cava – normal in size with normal respiratory variation

**FINAL IMPRESSION**

- **NO REGIONAL WALL MOTION ABNORMALITY**
- **GRADE I LV DIASTOLIC DYSFUNCTION**
- **NORMAL LV SYSTOLIC FUNCTION (LVEF~60%)**
- **NORMAL CARDIAC CHAMBER DIMENSIONS**
- **NORMAL VALVULAR COLOUR FLOW PATTERN**



**DR.NITIN AGARWAL**  
**DM (Cardiology)**  
**Consultant Cardiologist**

This opinion is to be correlated with the clinically findings and if required, please re-evaluate / reconfirm with further investigation.





**Patient ID** 102218914  
**Name** Mr. ALOK PARASARI  
**Sex/Age** Male 50 Yrs  
**Ref. By** Dr. NITIN AGARWAL

**Reg. Date** 16/12/2022 09:51:22  
**Reported On** 16/12/2022 10:22:51

### X-RAY CHEST PA VIEW

Trachea is central in position.

**Mild scoliosis of dorsal spine is seen.**

Both hila are normal.

No definite evidence of pleuro pulmonary pathology

Both CP angles are clear.


Cardio - thoracic ratio is within normal limit.

Both diaphragms are normal in position and contour.

**ADV - PLEASE CORRELATE CLINICALLY.**

\*\*\* End of Report \*\*\*



  
**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

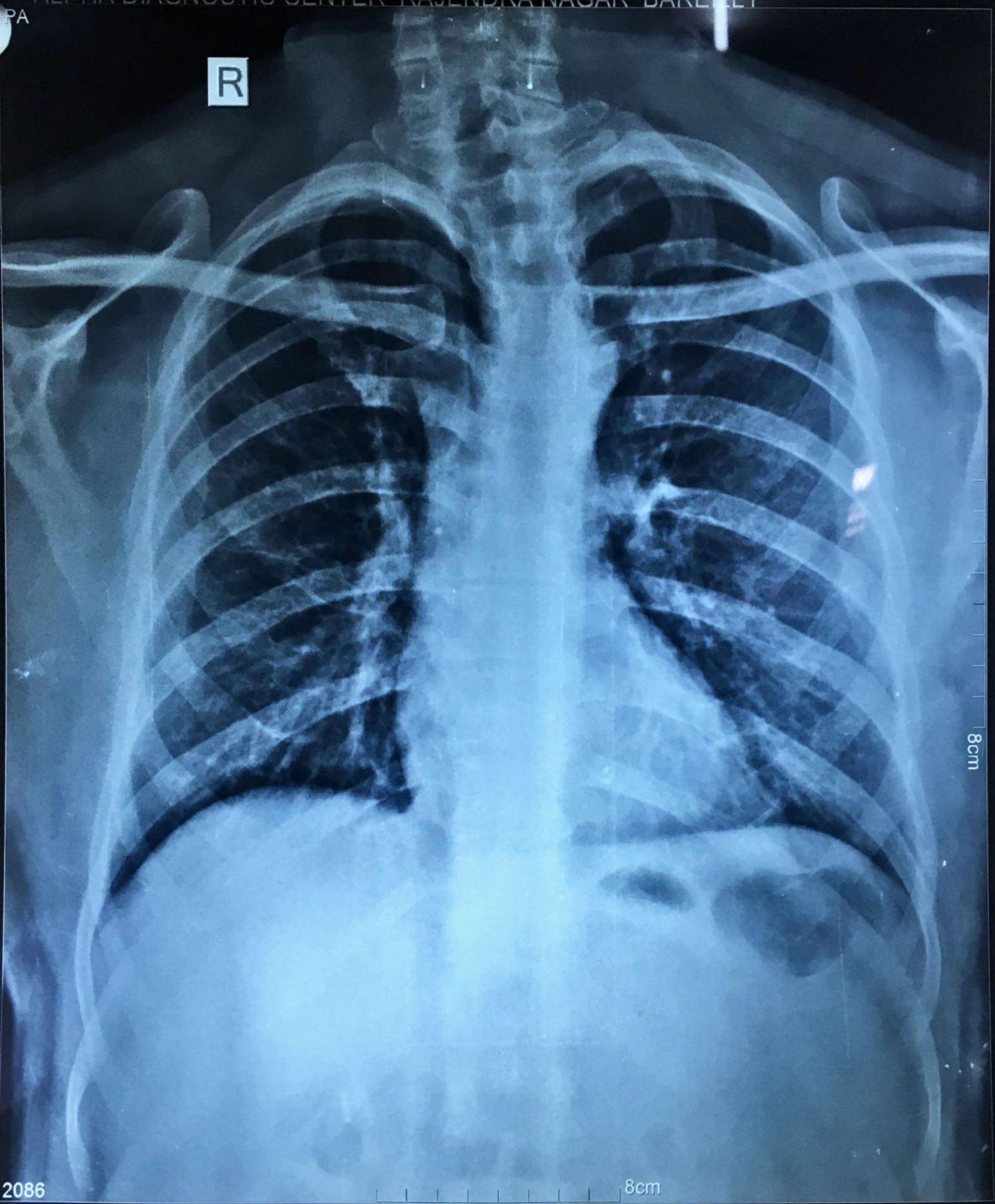
Page No. 1 of 1





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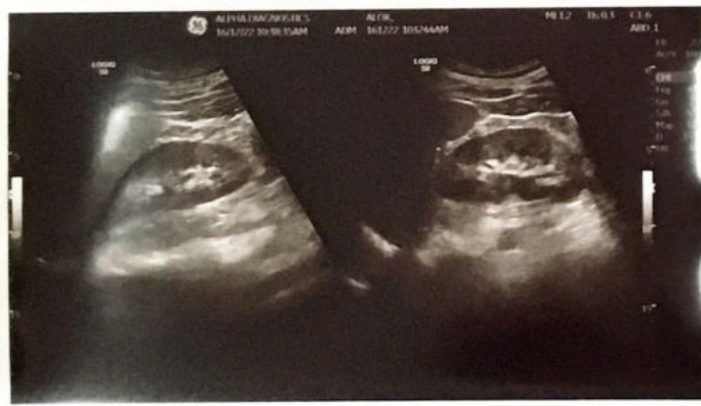


8cm

2086

8cm









Patient ID **102218913**  
Name **Mr. ALOK PARASARRI**  
Sex/Age Male 50 Yrs  
Ref. By Dr. NITIN AGARWAL

Reg. Date 16/12/2022 09:50:35  
Reported On 16/12/2022 10:46:09

### USG WHOLE ABDOMEN

**Liver** - is normal in size **with diffuse fatty changes**. No IHBRD / focal SOL is seen. PV - normal. Porta hepatis - normal.

**Gall bladder** - Normal physiological distension. No calculus in lumen, Wall thickness is normal. CBD - normal.

**Pancreas** - is normal in thickness and echotexture. Pancreatic duct is not dilated. No evidence of pancreatic calcification.

**Spleen** - is normal in size and normal echotexture.

**Both kidneys** - normal in size, outline and cortical echotexture. **A concretion ( 2mm ) is seen at mid calyx of left kidney**. Renal parenchymal width is normal. Corticomedullary definition is normal. No backpressure changes are seen. Perinephric spaces are normal.

**Urinary bladder** - No calculus is seen in the lumen. Wall is smooth and regular.

**Prostate** - Size is normal ( 17cc ), parenchyma is homogeneous.

No free fluid is seen in peritoneal cavity.

#### IMPRESSION:

- **GRADE I FATTY LIVER.**
- **LEFT RENAL CONCRETION.**

ADV - PLEASE CORRELATE CLINICALLY.

\*\*\* End of Report \*\*\*



**DR KAMAL NAYAN GANGEY**  
**DNB RADIODIAGNOSIS**

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